



Serving Detroit, Hamtramck,
Harper Woods, Highland Park
and the five Grosse Pointes

Detroit Area Agency on Aging



DRAFT FY 2018 Annual Implementation Plan



The Senior Solution

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- Offer to provide a printed copy of the AIP via US Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request email notification from the local unit of government of their approval of the AIP, or their related concerns.

The time line for this review and comment process within Region 1-A is outlined below:

TIMELINE

January 2017	Receipt of AASA AIP Instructions
February 8, 2017	Long Range Planning Committee - Review Status of Strategic Goals of FY 2017 Annual Implementation Plan
February 15, 2017	DAAA Advisory Council - Review Status of Strategic Goals of FY 2017 Annual Implementation Plan
March 8, 2017	Long Range Planning Committee – Recommendation to Release the Plan for Public Review & Comment
Match 15, 2017	DAAA Advisory Council – Recommendation to Release the Plan for Public Review & Comment
March 27, 2017	DAAA Board of Directors - Recommendation to Release Draft Plan for Public Comment
April 1, 2017	Dissemination of Promotional Flyers/E-Blasts Commences
April 2, 2017	Public Notice – Detroit Newspapers (30 Day-Notice)
March - April	Draft Plan Made Available to Public for Review & Comment
May 3, 2017	Public Hearing - FY 2018 Annual Implementation Plan
May 10, 2017	DAAA Advisory Council – Approval of Draft FY 2018 Annual Plan for Submission to AASA
May 22, 2017	DAAA Board of Directors – Approval of Draft FY 2018 Annual Implementation Plan
June 30, 2017	Draft Plan due to Michigan Aging and Adult Services Agency
July 21, 2017	Deadline for Municipal Sign Off to DAAA
August 7, 2017	Status of Municipal Review Letters provided to AASA
August 2017	Commission on Services to the Aging – AIP Presentation
September 2017	Website Posting of the Approved FY 2018 Annual Plan

consist of 153,511 older adults, family caregivers, over 40,000 veterans, 175,000 adults with disabilities age 65 years and over, and approximately 35,000 Medicare/Medicaid dual-eligible consumers residing in this service area. The DAAA is a private, non-profit agency that makes an array of services available to consumers through public and private funding that makes a variety of services available through the Older Americans Act of 1965 (as amended), and the Older Michiganians Act of 1981. It also receives Medicaid Home and Community-Based Waiver funding from the Michigan Department of Health and Human Services and is also provides services through MI Health Link. Some of the consumers served through DAAA represent a duplicated count because they may receive more than one service.*

DAAA is governed by a 27-member Board of Directors and a 26-member Advisory Council. Through its governance and administrative structure, the agency offers information and services to the community directly and through 80 service providers, 22 congregate meal and 3 Nutrition Services Incentive Program (NSIP) sites in the local Aging Services Network. The primary business of the DAAA consists of the following:

- Information and Assistance
- Healthy and Wellness Administration
- Long Term Care Ombudsman
- Senior Community Service Employment Program
- Medicare & Medicaid Assistance Program (MMAAP)
- MI CHOICE Care Management Services
- MI Health Link
- Outreach
- Volunteerism & Advocacy

DAAA will implement its strategic goals to address the unmet needs of older persons, adults with disabilities and caregivers in light of these environmental trends impacting the Aging Services Network. This will include continuing the implementation a new Community Wellness Service Center initiative to leverage government funding with other public and private resources, implementation of MI CHOICE and MI Health Link as well as Care Transition services through Total Home Health Care. The loss of funding over the last four years is a major factor in the diversification of its funding resources through fund development, fundraising and community volunteers.

- Identifying public resources through local governments to replace loss funding to support home-delivered meals and other in-home services targeting the at-risk elderly.
- Advocacy in collaboration with the Silver Key Coalition to expand funding for in-home services;
- Continued partnership with the Detroit Department of Transportation;
- Continuing partnerships with Integrated Care Organizations under MI Health Link;
- Seeking program income for Care Management and Nutrition Services;
- Exploring cost-sharing through health and wellness programming to maintain and expand services;
- Monitoring and supporting local city millages that support senior services within Region 1-A;
- Building relationships with public and private foundations to support fund development;
- Developing collaborations and partnerships to support the implementation of needed services;
- Stepping up fundraising activities to support Holiday Meals on Wheels and Friend of Detroit Meals on Wheels;
- Exploring ways to expand services to veterans through Veterans-Directed Services, third party reimbursement and the Medicare Access and CHIP Reauthorization Act (MACRA) and
- Billing Medicare for reimbursement of health promotion and disease management services in partnership with Community Wellness Service Centers;

A description of the Access and Direct services to be offered are highlighted below:

2. Document interventions for all participants by rating their pain as mild, moderate or severe.
3. Assist participant with pain management concerns during contacts to provide interventions such as evaluating the current pain management regimen and contacting the physician for orders as needed or providing comfort measures, etc.
4. Evaluate the effectiveness of all interventions and problem solve, as needed.

Expected Outcome: Measure pain management at baseline and at specific intervals to improve pain management for participants in collaboration with their physician.

Goal 3: Increase the number of participants who have an active Advance Medical Directive.

Activities:

1. Support Coordinators will educate and review benefits of an Advance Medical Directive with all participants.
2. Support Coordinators will review the benefits of an Advance Medical Directive with participants on an on-going basis and with participants who are not in compliance.
3. Supports Coordinators will monitor whether Advance Directives need to be updated.
4. Work with an inter-disciplinary workgroup and community stakeholders on an Advance Directives Campaign through a multi-faceted communications campaign to encourage seniors to prepare and update Advance Medical Directives.

Expected Outcome: Increase the number of participants and Region 1-A older residents who have an active Advance Medical Directive.

Goal 4: Increase support resources for caregivers.

Activities:

1. Support Coordinators will evaluate caregiver needs and provide resources as needed to minimize caregiver burn out.

Match and Other Resources			
MATCH: Sources of Funds	State Funding	Cash Value	In-Kind
	\$719,734	1,000	\$80,000
OTHER RESOURCES: Sources of Funds	Program Income	Cash Value	In-kind
		0	

ACCESS SERVICES

Information & Assistance

Starting date: October 1, 2017	Ending date: September 30, 2018
Total of federal dollars: \$369,638	Total of state dollars: \$28,601
Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

Goal 1: Update and maintain Information & Assistance (I&A) Resource Database to be able to provide accurate and updated information to all identified populations.

Activities:

1. Complete the identification and removal of resources in database that are no longer valid.
2. Continue to update valid resources in the resource database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps.
5. Add identified community resources to the database.
6. Maintain the database according to AIRS standards.

Expected Outcome: Greater community access to resources that are accurate and up-to-date.

<p>Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)</p>
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Goal 1: Expand the reach of DAAA programs and services in the community.

Activities:

1. Target identified organizations in the outreach database to identify individuals who may benefit from DAAA services.
2. Attend community meetings with elected officials and local government entities to provide information about DAAA programs.
3. Work with I & A providers to target vulnerable, at-risk seniors and adults with disabilities.
4. Develop strategy for educating consumers on accessing pre-paid ambulatory health plans (PAHP) as MI CHOICE converts to this new system.
5. Utilize social media, local media outlets and cable television to promote DAAA programs in collaboration with municipal governments and other partners.

Expected Outcome: Increase community awareness of DAAA programs and services.

Goal 2: Increase client enrollment in targeted DAAA programs.

Activities:

1. Develop relationships with partners outside of our current network and educate them about aging network services.
2. Coordinate outreach events with partners to reach targeted populations in order to get referrals for DAAA programs during open enrollment.
3. Continue to use translated materials to target at-risk seniors.
4. Use telephonic calls to reach waitlist clients to assess a continued need for DAAA's programs and make referrals to I & A.

DIRECT PROVISIONS OF SERVICES

Disease Prevention/Health Promotion

Total of federal dollars: \$140,000	Total of state dollars: \$ 0
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Geographic Area Served: PSA 1-A

Planned goals and activities that will be undertaken to provide the Services during FY 2018 are as follows:

Goal 1: Provide Support to Community Wellness Service Centers (CWSCs).

Activities:

1. Continue the Community Wellness Service Center Advisory Committee to promote best practices.
2. Monitor evidence-based programs and perform fidelity checks.
3. Track self-reported program outcomes.
4. Evaluate effectiveness of programs.

Expected Outcomes: Increase community resources for seniors and caregivers through bridging of social and health determinants of health.

Goal 2: Further Expand Evidence-Based health promotion and disease prevention services.

Activities:

1. Continue technical assistance and support for Community Wellness Service Centers and satellites.
2. Assist CWSCs to recruit and train lay leaders, coaches and instructors in evidence-based programs.
3. Encourage collaboration among CWSCs to share trained volunteers to provide evidence-based programs.
4. Track measurable outcomes for DSMT through excel spreadsheet and AADE annual report.

1. Continue to develop relationships with nursing home and community living residents and family support to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach program to target events to provide community education.
3. Collaborate with county organizations to educate and increase community awareness of all populations on elder abuse.
4. Work to protect nursing home residents from voter-related and other types of fraud.
5. Coordinate trainings on Elder Abuse for I &A Specialists.

Expected Outcome: Increase knowledge of residents, family members and the community on identifying and responding to potential cases of elder abuse and/or fraud prevention.

3. Advocate for improved coordination through Department of Health and Human Services (DHHS), Social Security and Centers for Medicare and Medicaid Services (CMS).
4. Train older adults, professionals and volunteers to be public benefits advocates.
5. Use technology and non-traditional methods to help seniors access public benefits and services.

Expected Outcomes: Increased economic security through public and private benefits.

Goal 3: Coordinate Transportation Services for Seniors and Adults with Disabilities.

Objective 3.1: Explore use of Volunteer-based Transportation strategies to supplement transportation services

Activities:

1. Work with local partners to coordinate door-to-door transportation for seniors and adults with disabilities.
2. Examine best practices and effective models that can be used to provide transportation with trained volunteers.
3. Seek funding, volunteers, vehicles and other resources needed for the pilot.
4. Pilot model and evaluate effectiveness.

Expected outcomes: Develop and Test volunteer-based transportation model to support ongoing transportation efforts.

Objective 3.2: Implement the Rides2Wellness Detroit Project in collaboration with DDOT, FTA and other partners

1. Implement Rides2Wellness Detroit in collaboration with DDOT, Healthy Detroit and other community partners and consumers.
2. Continue to gather data on the triple AIM, increased access, improved health and reduced cost.
3. Evaluate effectiveness of the model and develop toolkit to support replication.
4. Submit final report to Federal Transportation Administration in coordination with DDOT.

3. Review AARP and Communities-for-a- Lifetime Assessment Tools and modify as needed.
4. Build partnerships with community stakeholders to plan age-friendly community strategies.
5. Engage older adult residents and other community stakeholders in the age friendly community discussions.
6. Integrate data from the City of Detroit Community Needs Assessment into the process.
7. Conduct a readiness assessment of Detroit neighborhood districts.
8. Seek a resolution from the City of Detroit and/or City Planning Commission
9. Submit to Aging and Adult Services Agency.

Expected Outcome: Promote Aging-Friendly Communities planning within City of Detroit and PSA 1-A.

FY 2018 AREA PLAN GRANT BUDGET

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/16 to 09/30/17

Rev. 4/2016

PSA: 1-A

Date: 07/08/16

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,715,347		1,715,347
2. Fed. Title III-C1 (Congregate)		690,637	690,637
3. State Congregate Nutrition		22,260	22,260
4. Federal Title III-C2 (HDM)		168,600	168,600
5. State Home Delivered Meals		975,888	975,888
8. Fed. Title III-D (Prev. Health)	61,220		61,220
9. Federal Title III-E (NFCSP)	380,464		380,464
10. Federal Title VII-A	13,448		13,448
10. Federal Title VII-EAP	15,150		15,150
11. State Access	66,436		66,436
12. State In-Home	755,748		755,748
13. State Alternative Care	261,496		261,496
14. State Care Management	719,734		719,734
16. St. ANS & St. NHO	156,456		156,456
17. Local Match			
a. Cash	47,753	340,800	388,553
b. In-Kind	514,898	80,000	594,898
18. State Respite Care (Escheat)	107,768		107,768
19. MATF & St. CG Support	343,012		343,012
20. TCM/Medicaid & MSO	20,691		20,691
21. NSIP		640,520	640,520
22. Program Income	152,025	35,000	187,025
TOTAL:	5,331,646	2,953,705	8,285,351

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	335,140		410,140
State Administration	58,398		58,398
MATF & St. CG Support Administration	30,870		30,870
Other Admin	431,635		431,635
Total AIP Admin:	856,043	75,000	931,043

Expenditures

	FTEs
1. Salaries/Wages	12.62
2. Fringe Benefits	161,223
3. Office Operations	309,184
Total:	931,043

Cash Match Detail

Source	Amount	In-Kind Match Detail	Amount
Investment Income	75,000		
Total:	75,000	Total:	-

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature

Title

Date

Planned Services Summary Page for FY 2018			PSA: 1-A		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	9.66%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 398,239	4.81%		X	X
Outreach	\$ 241,233	2.91%		X	X
Transportation	\$ 61,350	0.74%			
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ 371,506	4.48%	X		
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 1,993,114	24.06%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 1,161,324	14.02%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 202,800	2.45%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 960,591	11.59%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 500,573	6.04%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 18,500	0.22%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 69,110	0.83%		X	
Long Term Care Ombudsman/Advocacy		0.00%			
Senior Center Operations	\$ 136,600	1.65%		X	
Senior Center Staffing	\$ 302,750	3.65%		X	
Vision Services	\$ 18,500	0.22%		X	
Programs for Prevention of Elder Abuse,	\$ 18,425	0.22%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 50,900	0.61%		X	
Caregiver Education, Support, & Training	\$ 124,450	1.50%		X	
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 176,729	2.13%			X
REGION-SPECIFIC					
a. Outreach & Assistance	\$ 199,659	2.41%		X	
b. Comm. Serv. Navigator	\$ 320,000	3.86%		X	
c. LTC Ombs/Advocacy	\$ 127,394	1.54%			X
d.	\$ -	0.00%			
e.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
MATF & ST CG ADMINISTRATION	\$ 30,870	0.37%			X
TOTAL PERCENT		100.00%	3.80%	75.07%	21.13%
TOTAL FUNDING	\$ 8,285,351		\$314,479	\$ 6,220,182	\$1,750,690

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

DETROIT AREA AGENCY ON AGING
PUBLIC HEARING ON THE FY 2018 ANNUAL IMPLEMENTATION PLAN
PRELIMINARY REPORT

Public Hearing Attendance – May 3, 2017

Caregivers	Seniors	DAAA Board	DAAA Advisory Council	DAAA Staff	Service Providers	Advocates, Policy Makers/Other	Total
14	91	5	4	23	33	6	176

Testimonials

Types of Testimony	Number
Oral Testimony	14
Written Testimony	11
Video Advocacy Clips	23
Total:	48*
Percentage of Engagement	27.2%

A few individuals provided oral or written testimony and also participated in the video-advocacy activities. Over a fourth of those attending were engaged in the input process through written or oral testimony and/or participating in video-advocacy activities.

Evaluation Forms Returned

Attendance	Number Returned
176	93

Response Rate: 53%

Highlights - Evaluation Comments

- ✓ Speakers had great information.
- ✓ Thanks for super program to promote, grow and sustain services.
- ✓ Loved hearing from Ms. Hattie Byrd (retired RN)!
- ✓ Third day of month not convenient for some seniors.
- ✓ Seniors need to be educated about funding cuts.

Key Advocacy Issues – Oral Testimony*

- Proposed Federal Cuts of Service Coordinators in Subsidized Housing
- Affordable Health Care
- Pleased with DAAA Programs and Services and program development efforts
- Income Maintenance assistance needed
- High cost of Auto and Homeowner's Insurance
- Need to continue funding Senior Companion Program
- Maintaining SCSEP as a life line (2 testimonials); MI Health Link Call Center
- Community Wellness Service Center services
- Reliable chore workers for those with vision impairment
- Need for Rehabilitation services for the blind and visually impaired
- Importance of Kinship Services for grandparents raising grandchildren
- Need for more home care assistance hours – more than 2 hours per week

Policy Makers

- Office of Detroit City Council President Brenda Jones
- Office of Detroit City Councilman George Cushingberry, Jr.
- Office of State House Representative Stephanie Chang registered, but was not able to attend.

*Testimony will be added once statements are transcribed.

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